

# READY SET GROW CHILD DEVELOPMENT CENTER

## ENROLLMENT CONTRACT

I/We \_\_\_\_\_, \_\_\_\_\_ agree to enroll my/our child(ren) in the Ready Set Grow Child Development Center Program licensed by the State of Michigan. We agree that our registration fee of \$50.00 is non-refundable. The start date for my child(ren) is \_\_\_\_\_.

\_\_\_\_\_  
(Printed Name of Child) (Date of Birth)

\_\_\_\_\_  
(Printed Name of Child) (Date of Birth)

\_\_\_\_\_  
(Printed Name of Child) (Date of Birth)

### **Part 1: Contract Provisions provided by Child Care Facility:**

#### **Parent Handbook/Notification**

We have received and read the enclosed Parent Handbook developed by RSGCDC and agree to comply with all the rules, policies and responsibilities stated therein. RSGCDC has reserved the right to modify the rules and policies at its sole discretion with 30 days written notice. The Center will notify you of any changes. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

#### **Enrollment**

Upon enrollment, the Parent is required to submit a nonrefundable registration fee of \$50.00. The enrollment fee is used to offset the administrative expenses incurred in processing enrollment applications. The registration fee may not be used to offset childcare tuition. Parents must also agree to turn in and update as required by state law a child information card, child information sheet, permission form, copy of immunizations, current physical or statement of good health, signed contract, and signed handbook acknowledgement.

#### **Additional Information**

Are you concerned that your child is prone to any type of allergies?

Please List any known allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any speech, hearing or visual problems? Please indicate below.

\_\_\_\_\_

Does your child have any physical limitations that we should be aware of? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Does your child sleep in a bed or crib? \_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

Are there any other comments or information you would like to share with us?

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**Nutrition**

If your child is on solid foods and milk and they are in attendance during the mealtimes listed below, they will be served the meal that is scheduled for that day. RSGCDC tuition includes the following meals listed below:

Breakfast served from 8:00 to 8:30

Lunch served from 11:00 to 12:00

P.M. Snack served from 3:00 to 3:30

For children less than one year old, foods in the infant meal pattern vary according to the infant's age. If your child is less than one year old, please request the infant meal pattern requirements from our center. If you have any questions about the Child and Adult Care Food Program, please contact your Center Director or Child and Adult Care Food Program, Michigan Department of Education, P.O. Box 30008, Lansing, MI 48909, (517) 373-7391.

An early breakfast is will be provided at no additional cost to families for children arriving between 6:30am-7:00am. (as needed)

**Schedule of Attendance:**

Any schedule changes including vacations and regular daily modifications are due on Monday prior to the week of the scheduled change. Please choose one of the two options below for your child's schedule.

***Option 1 = Fixed Schedule***

**(Our schedule will change on an infrequent basis – less than or equal to one change per month)**

I/We understand that: if we choose the fixed schedule our weekly rate will be a fixed amount and will not change from week to week. For example, a child who has a fixed schedule of 3 days per week misses a day due to a vacation or a sickness and only attends 2 days that week will still be charged the fixed amount of 3 days. A holding fee for vacations of not less than 5 consecutive days is the only exception to this rule. Please see the holding fee section.

Mon \_\_\_\_\_/\_\_\_\_ Tues \_\_\_\_\_/\_\_\_\_ Wed \_\_\_\_\_/\_\_\_\_

Thurs \_\_\_\_\_/\_\_\_\_ Fri \_\_\_\_\_/\_\_\_\_

Fixed Tuition Rate: \_\_\_\_\_

We agree to pay RSGCDC \_\_\_\_\_ per week for our schedule of \_\_\_\_\_ days per week. This fee includes tuition and any applicable meals provided during the hours that your child (ren) is (are) scheduled. We agree to pay the full fixed weekly rate regardless of absences.

**Option 2 = Variable Schedule**

**(Schedule must change at least twice monthly to qualify)**

I/We understand that if the variable option is chosen, a schedule change must be turned in weekly and schedule changes are due on Monday prior to the week of the change. I/We also understand that we are required to pay for the days that we have scheduled, regardless of absence or illness.

Mon \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Tues \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Wed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Thurs \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Fri \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Variable Tuition Rate: \_\_\_\_\_

**Vacations / Holding Fees**

I/We understand that a holding fee of 1/2 of our fixed weekly rate (or average variable week) will be charged for vacations. A vacation must be 5 consecutive days. There is no charge for any additional consecutive vacation weeks. A holding fee will only reserve your space in the program for a maximum of 3 months and is subject to availability of care.

**Photo Release**

We authorize the RSGCDC to photograph our child during his/her attendance at RSGCDC to be used for classroom photos, newsletters, etc.

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Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Additional Contract Information**

We understand that RSGCDC reserves the right to adjust the fixed weekly childcare rate with 30 days written notice.

We further agree that the childcare fees are to be paid in full on Monday of the week in which services are rendered. Fees may also be paid in advance. We also agree to pay any applicable late payment penalties and late pick-up fees established in the parent handbook.

We acknowledge that RSGCDC will release my child to only those persons authorized on the Child Release Card. We further acknowledge agreement with The Child Development Center's standard procedures used at the release of children in special circumstances.

Finally, we agree that either party may terminate this agreement with 2 weeks written notice. If there is no notice of withdrawal, we agree to pay RSGCDC an amount equal to two weeks of childcare fees. We also acknowledge that RSGCDC reserves the right to terminate this agreement if my child's continued participation in the program creates a direct threat to the safety of my child, other children, or the Child Development Center or its staff. There will be communication regarding any concerns as this is always, a last resort.

This contract constitutes the entire agreement among the parties to it and overrides any prior understandings or agreements. Each party acknowledges and states that no representation, inducement, or condition not set forth in this contract has been made or relied upon by either party.

This contract shall be governed by the laws of the State of Michigan.

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Parent/Guardian Signature Date Signed

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Parent/Guardian Signature Date Signed

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Center Director/RSGCDC Representative Signature Date Signed

In accordance with Federal civil rights laws and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.